MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/539877

FILING DATE 3·31·00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		1						53						
4		2						54						
5		2						55						
6		2						56						
7		2						57						
8		2						58						
9		2						59						
10		2						60						
11		2						61						
12		2						62						
13		2						63						
14		1						64						
15		1						65						
16		1						66						
17		1						67						
18		1						68						
19	1							69						
20		1						70						
21	1	2						71						
22	1	1						72						
23		1						73						
24		1						74						
25		1						75						
26		1						76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3							TOTAL IND.						
TOTAL DEP.	34							TOTAL DEP.						
TOTAL CLAIMS	37							TOTAL CLAIMS						

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS